NEVADA FINANCIAL DISCLOSURE STATEMENT (FD) ECE VE
Please read the instruction before completing. Attach additional sheets if necessary.

| PERSONAL INFORMATION: | | | | al sheets if n | | COMM | ISSION | | |
|---|---|------------------------------|---------------------------|----------------------------------|--|--|--|--|--|
| NAME: Roy R Pike | | LENGTH OF RESIDENCE IN NEVAC | | | Ε\/ΔDΛ· | ON ETHICS | | | |
| ADDRESS: P.O. Box 11422 | | | | | - VADA. | 7, | yrs | | |
| CITY, STATE, ZIP: Zephyr Cove, NV 89448 | / | LEN | GTH OF RE | SIDENCE IN DI | STRICT | | | | |
| TELEPHONE: 775-588-2125 | | WHE | WHERE REGISTERED TO VOTE: | | | 21 yrs | | | |
| | | E-MAIL: randppvecharter, net | | | | | | | |
| SECTION A (Public Office): List all public offices for which this and check each box accordingly i.e. annual, candidate or appo | financial intment f | disclo: ling. N | sure state RS 281A. | ment is requir 620.1(g). | ed | | | | |
| Title of Public Office and Name of Government | Elected, appointed or appointed or appointed to elected | (E, A, AE) | Annual Compensation | Date elected or appointed | ANNUAL NRS 281A.600.1 & 281A.610.1 | CANDIDATE NRS 281A.610.1(a). | APPOINTMENT NRS 281A,600.1 | | |
| F + m / 2 C | Ch | | | | | | Check the appropriate boxes below | | |
| Trustee, Marla Bay General Improvement Du | t A | \$ 80 | 50- | 9-8-08 | | | X | | |
| | 1 | la . | | | | | - | | |
| ECTION P (Courses of Laws) | | \$ \$ | | | | | | | |
| ECTION B (Sources of Income): List each source of your incomy member of your household who is 18 years of age or older. | me (in ad NRS281 | \$ dition t | o any sou 1(b). | rce listed in S | | Но | of | | |
| - Jeans of ago of older. | 1417.02017 | 4.020. | I(D). | rce listed in S | | Ho Self M Check the ap | of ousehold lember opropriate | | |
| - Jeans of ago of older. | 1417.02017 | 4.020. | I(D). | rce listed in S | | Ho Self M Check the ap boxes be | of ousehold lember opropriate | | |
| ECTION B (Sources of Income): List each source of your incomeny member of your household who is 18 years of age or older. Employment: Manage Inc., meestined divide addressed Security | 1417.02017 | 4.020. | I(D). | rce listed in S | | Ho Self M Check the ap boxes bo | of ousehold lember opropriate elow | | |
| Employment: Manage Inc., muestinent dividends | k, rest | 1.020. | (D). | | \$ | Ho Self M Check the ap boxes bo | of ousehold lember opropriate elow | | |
| - Jeans of ago of older. | use of all | real es | (D). | er than person ket value of w | al reside | Ho Self M Check the ap boxes b | of usehold lember opropriate elow | | |
| ECTION C (Real Property): List specific location and particular sich you or a member of your household has a legal or beneficiore; and (3) located in this state or an adjacent state. NRS 2814 | use of all | real es | (D). | | al reside | Ho Self M Check the ap boxes b | of susehold lember opropriate elow | | |
| ECTION C (Real Property): List specific location and particular ich you or a member of your household has a legal or beneficione; and (3) located in this state or an adjacent state. NRS 2814 | use of all | real est; (2) th | state (other | er than person ket value of w | al reside | Ho Gelf M Check the ap boxes by | of usehold lember opropriate elow | | |

| Name of Public Officer: | R. Pike | | | | |
|---|---|--|-------------------------|---------------------------|--|
| SECTION D (Creditors): List each cre | reditor to whom you or a member of your household ov | ves \$5,000 or more notor vehicle for pe | ersonal us H Self | se lousehold Member | |
| 300 11 | | | Check the box | appropriate | |
| BAC Home Loans Jervice | ing, 6 A (4615 Astor Dr) | | X | × | |
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| | | | | | |
| you within the third degree of consang anniversary, holiday or other ceremoni administrative, or political action]. NRS Gift | ity of donor and value of each gift if all gifts received as preceding taxable year [EXCEPT: (1) a gift received for guinity or affinity; and (2) ceremonial gifts received for a ial occasion if the donor does not have a substantial in 281A.620.1(e). | rrom a person who i a birthday, wedding nterest in your legis | is related | I to | |
| NONE | | \$ | dide of Gill | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| limited or general partner, or holder of a securities issued by the business entity. | firm, business entity (i.e., organization or enterprise oper firm, business, trust joint venture, syndicate, corporation involved as a trustee, beneficiary of a trust, director, of a class of stock or security representing 1% or more of NRS 281A.620.1(f). | ficer, owner in who f the total outstandi | le or in p ng stock | art, or | |
| | | The state of the s | | ember | |
| NONE | Mass | | | | |
| 740106 | | | boxes | | |
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| THE INFORMATION I HAVE PROVIDED | HEREIN IS ACCURATE AND COMPLETE. | | | | |
| | OUNT LETE. | | | | |
| Date: _/- 4-/0 | Signature: Ray Pole | | | _ | |
| WHERE TO FILE: | Print Name: Roy R. P. Ke | | | - | |
| APPOINTED PUBLIC OFFICERS SUBMIT TO: | ELECTED PUBLIC OFFICERS OR CANDID SUBMIT TO: | DATES | | | |
| Nevada Commission on Ethics 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 | Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 | n | | | |
| 775.687.5469 • 775.687.1279 fax | 775.684.5705 • 775.684.5718 fax | | | | |

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